

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	PRONGHORN MANAGEMENT CORPORATION <122811>	Well API No.	30-025-28608
Address P.O. BOX 1772 HOBBS, NM 88241			
Reason(s) for Filing (Check proper box)		XXX Other (Please explain) MAY 01 1994	
New Well	<input type="checkbox"/>	Change in Transporter of	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
OPERATOR NAME CHANGE ONLY			
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	NM STATE DL <14998>	Well No.	3	Pool Name, including Formation	GRUZ DELAWARE <14910>	Kind of Lease	State	Lease No.	V-732-2
Location									
Unit Letter	H	1980	Feet From The	North	Line and	330	Feet From The	East	Line
Section	18	Township	23S	Range	33E	NMPM,	LEA	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	NAVAJO REFINING CORP	XXX	or Condensate	Address (Give address to which approved copy of this form is to be sent)	P.O. BOX 159 ARTESIA, NM 88211	
Name of Authorized Transporter of Casinghead Gas	GPM GAS CORPORATION	XXX	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	4044 PENBROOK ST. ODESSA, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Rge.	Is gas actually connected?	When?
		18	23S	33E	YES	6-1-84

If this production is commingled with that from any other lease or pool, give commingling order number:

DATA								
Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD		
CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

REQUEST FOR ALLOWABLE		
must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)		
Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size
Oil - Bbls.	Water - Bbls.	Gas - MCP
Length of Test	Bbls. Condensate/MMCP	Gravity of Condensate
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		MA 20 1994	
Signature SHERRY WADE		Date Approved	
Printed Name 3-5-94		By Paul Kautz	
Title (505) 392-5516		Orig. Signed by	
Date		Geologist	
Telephone No.		Title	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.